

Alabama Uniform Traffic Accident Report Truck/Bus Supplemental Sheet

AST-34T
1/94

Unit No. _____
(same as on main report)

Sheet _____ of _____ Sheets

General Instructions

Complete this form for each qualifying vehicle **ONLY** if the accident meets **BOTH** of the following criteria:

1. The accident involved a qualifying vehicle (truck with 6 or more tires or Haz/Mat placard, or a bus designed to carry 16 or more, including driver) and;
2. The accident resulted in at least one of the following: **A.** one or more fatalities **B.** one or more persons injured and taken from the scene for immediate medical attention, or **C.** one or more involved vehicles had to be towed from the scene as a result of disabling damage or had to receive assistance to leave.

Screening Information

Number of Qualifying Vehicles:

Number of Persons:

Trucks with 6 or more tires or Haz/Mat placard _____

Sustaining fatal injuries _____

Buses designed to carry 16 or more (including driver) _____

Transported for **immediate** medical treatment _____

Number of vehicles towed from scene due to damage or provided assistance _____

Vehicle Information

Gross Vehicle Weight Rating (GVWR)

Hazardous Material Involvement

A. Truck, tractor or bus _____

Did vehicle have a Haz/Mat placard ____ Yes ____ No

B. Trailer or trailers (total) _____

If Yes, include following information from placard

Total GVWR for unit (A+B) _____

A. Name or 4-digit number from diamond or box _____

B. The 1-digit number from bottom of diamond _____

Total number of axles _____

Was hazardous material released from THIS vehicle's cargo? ____ Yes ____ No

Vehicle Configuration (circle one number)

- | | | |
|---------------------------------|---|--|
| 1. Bus | 2. Single unit truck (2 axles/ 6 or more tires) | 3. Single unit truck (3 or more axles) |
| 4. Truck with trailer | 5. Truck tractor only (bobtail) | 6. Tractor with semi-trailer |
| 7. Tractor with double trailers | 8. Tractor with triple trailers | 9. Unknown class heavy truck |
| 0. Any other 4-tired vehicle | | |

Cargo Body Type (circle one number)

- | | | | | |
|-------------------|---------------------|--------------------|----------------|---------|
| 1. Bus | 2. Van/enclosed box | 3. Cargo tank | 4. Flatbed | 5. Dump |
| 6. Concrete mixer | 7. Auto transporter | 8. Garbage/ refuse | 9. Other _____ | |

Motor Carrier Information

NOTE: If NOT a motor carrier, enter **NONE** under Carrier Name, 0 for None under Carrier Identification Numbers, and go to Sequence Of Events Section

Carrier Name _____

Source (circle one number) 1. Vehicle side 2. Shipping papers 3. Driver 4. Other

Carrier mailing address (Street or P.O. Box) _____

City, State, Zip _____

Carrier Identification Numbers (_____ None = 0)

US DOT _____ ICC MC _____ STATE NO. _____ STATE _____

Sequence of Events

Note: for THIS vehicle – list up to four Event #1 _____ Event #2 _____ Event #3 _____ Event #4 _____

- | | | | | | |
|------------------------|-----------------------|------------------------|------------------------|--------------------------|------------------------|
| EVENT
CODES | Non-Collision | 1. Ran off road | 2. Jackknife | 3. Overturned (rollover) | 4. Downhill runaway |
| | | 5. Cargo loss or shift | 6. Explosion or fire | 7. Separation of units | 8. Other non-collision |
| | Collision With | 9. Pedestrian | 10. Non-parked vehicle | 11. Parked vehicle | 12. Train |
| | | 13. Pedalcycle | 14. Animal | 15. Fixed object | 16. Other object |

Signature of Reporting Officer _____

Officer ID _____

Reporting Police Agency ORI _____

Date _____

Time _____

AM
PM